MARYLAND STATE DEPARTMENT OF HEALTH

09935

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville X — LENGTH OF STAY (In this place): 4 months 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital MD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: State of Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring Md 158-2
STREET ADDRESS (If rural, give location): 6 E Hamilton ave. ✓

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) ELIZABETH K. (Last) ABEL
4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 53
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: 3-17-78
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Unk
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Knapman
14. MOTHER'S MAIDEN NAME: Annis Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT AND ADDRESS: Harry Knapman, Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Bronchos Pneumonia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of femur — 2 days

(909.9) (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital Ward — (CITY OR TOWN) Sykesville — (COUNTY) Carroll — (STATE) Md
TIME OF INJURY (Month) Oct (Day) 7 (Year) 1953 (Hour) 12 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Slipped on waxed floor and fell

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James T Marsh — (Degree or title) Deputy Medical Examiner — ADDRESS: Westminster Md — DATE SIGNED: Oct 9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-13-53 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: Oct. 10, 1953 — REGISTRAR'S SIGNATURE: C. Harry Weed
24. FUNERAL DIRECTOR: Wm Rock, Inc. — ADDRESS: 1217 St Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09936

CERTIFICATE OF DEATH

Reg. Dist. No. 83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine, MD. — LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Herbert (Last) Baker

4. DATE OF DEATH: (Month) Oct. (Day) 2, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1867

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Frederick Co., MD.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John Baker

14. MOTHER'S MAIDEN NAME: Esther Ernst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Alton Gosnell, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	1 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Cardiac Decompensation	3 mo.
	(c) Cardio-Vascular disease	?

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 12, 1953

19b. MAJOR FINDINGS OF OPERATION: Hypertrophied Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1926, to June, 1953, that I last saw the deceased alive on Oct. 2, 1953, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE J. Stanley Grabill (Degree or title) M.D. ADDRESS Mt. Airy, Md. DATE SIGNED Oct 3, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-5-1953	Messiah Lutheran, Cem.	Carroll Co., Md.

DATE REC'D BY LOCAL REG. Oct 5-1953 — REGISTRAR'S SIGNATURE Edna M. Abbott — 24. FUNERAL DIRECTOR AND ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville X
LENGTH OF STAY (in this place): 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville? 03.522
STREET ADDRESS (If rural give location): ????

3. NAME OF DECEASED: (First) John (Middle) —— (Last) Bassler
4. DATE OF DEATH: (Month) October (Day) 5 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: about 1891 Oct. 17
9. AGE last birthday: 61 X yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Yrk —
11. BIRTHPLACE (State or foreign country): Catonsville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Bassler
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY No.: Yrk —
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1
Immediate cause (a) Chronic myocarditis and myocardial degeneration — 18 yrs.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency — 29 yrs

19a. DATE OF OPERATION: —— 19b. MAJOR FINDINGS OF OPERATION: —— 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —— PLACE (Home, farm, factory, street, office bldg., etc.) —— (CITY OR TOWN) —— (COUNTY) —— (STATE) ——
TIME OF INJURY (Month) (Day) (Year) (Hour) —— m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Oct. 5, 1953, that I last saw the deceased alive on Oct. 5, 1953, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Martin Gross, M.D. Martin Gross, M.D. Sykesville, Md. 10-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-7-53 — NAME OF CEMETERY OR CREMATORY: Salem Lutheran — LOCATION (City, town, or county) (State): Catonsville, Md.
DATE REC'D BY LOCAL REGISTRAR: 10-6-53 — REGISTRAR'S SIGNATURE: C. Henry Weer
24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md. — ADDRESS

RECEIVED
OCT 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09938

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg X
LENGTH OF STAY (in this place) Transient X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 91 - Middle Run Bridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00.01.4
STREET ADDRESS (If rural, give location) 2432 N. Calvert St

3. NAME OF DECEASED (Type or Print) (First) CARL (Middle) JACKSON (Last) BECKNER
4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 6-15-21
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY T.V. Appliances
11. BIRTHPLACE (State or foreign country) W. Va. 45
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Beckner
14. MOTHER'S MAIDEN NAME Fanny Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #11
16. SOCIAL SECURITY No. 217-16-4248
17. INFORMANT AND ADDRESS Mr Joseph Beckner - 2432 N. Calvert St. Bldg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Skull

819X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 91
(CITY OR TOWN) Rural Finksburg (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) Oct (Day) 10 (Year) 53 (Hour) 6.35 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Accident Skidded

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 10/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-14-53
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) Sykesville, Md. (State)
DATE REC'D BY LOCAL REG. Oct. 13, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09939

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge X
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farquhar St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge X
STREET ADDRESS (If rural give location) Farquhar St.

3. NAME OF DECEASED: (Type or Print) (First) J. WILLIAM (Middle) H. (Last) BIRELY

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 4/23/1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of the life even if retired): Carpenter railroad worker
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Birely
14. MOTHER'S MAIDEN NAME: Louisa Schwarber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 105-10-6010
17. INFORMANT & ADDRESS: Frank W. Birely Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1953, to Oct 31, 1953 that I last saw the deceased alive on Oct 30, 1953, and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Mason M.D. ADDRESS Union Bridge DATE SIGNED Oct 31

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/3/53
NAME OF CEMETERY OR CREMATORY Mt. View Cem.
LOCATION (City, town, or county) (State) Union Bridge, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 31, 1953
REGISTRAR'S SIGNATURE Leslie L. Kepp

24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS Union Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
NOV 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spresville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 4063 - 6th Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Bohdal

4. DATE OF DEATH: (Month) 10- (Day) 19 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-9-1910

9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen J. Bohdal

14. MOTHER'S MAIDEN NAME: Eva Herrs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

97.1.7 **Immediate cause** (a) Asphyxia due to occlusion of trachea and bronchi by food — Interval between onset and death: instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post-encephalitic Parkinson's disease — over 13 yrs

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: -----
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ----
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY ---
(CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ------

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James T. Monk, Deputy Medical Examiner — ADDRESS Baltimore Md — DATE SIGNED 10-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-23-53 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Anne Arundel County

DATE REC'D BY LOCAL REG. OCT 20 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Fr. Cvach & Son 900 N. Chester St. 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg X — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road X	STREET ADDRESS (If rural, give location) Westminster Road

3. NAME OF DECEASED (Type or Print) (First) John	(Middle) Joshua	(Last) Bosley	4. DATE OF DEATH (Month) October	(Day) 17	(Year) 1953
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 15 1871	9. AGE last birthday 82 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY self-emoloyed	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME David F Bosley		14. MOTHER'S MAIDEN NAME Angeline Bowen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 216-16-2488	17. INFORMANT AND ADDRESS Sherman A Bosley Finksburg Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 X Immediate cause	(a) Cardio vascular Renal disease	April 1952
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) c Valvular disease and decompensation	
	(c) Arterio-sclerosis (Genl)	Several yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April, 1952, to Oct 17, 1953, that I last saw the deceased ~~alive~~ dead on Oct 17, 1952 and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Glenn Speicher		Westminster Md	10/19/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct 20 1953	NAME OF CEMETERY OR CREMATORY Westminster Cemetery	LOCATION (City, town, or county) Westminster	(State) Md
DATE REC'D BY LOCAL REG. 10/19/53	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Wm Berryman & Sons	ADDRESS Reisterstown Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Union Bridge — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (First) CHARLES (Middle) R. S. (Last) BROOKS

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W — 8. DATE OF BIRTH: — 1881 — 9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: by day — 11 BIRTHPLACE (State or foreign country): maryland — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stephen Brooks — 14. MOTHER'S MAIDEN NAME: Catherine Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no — 16. SOCIAL SECURITY No.: none — 17. INFORMANT & ADDRESS: Howard Davis, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset and Death

Immediate cause (a) 422.1 DUE TO Arterio-Sclerotic Vascular Disease — 4 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.11. ,1953, to 10-8-, 1953, that I last saw the deceased alive on Oct 8., 1953., and that death occurred at 1:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. R. Foutz, M.D. — ADDRESS Westminster Md. — DATE SIGNED 10-17-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/18/53 — NAME OF CEMETERY OR CREMATORY Mt. Joy Cem. — LOCATION (City, town, or county) Uniontown, — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 17, 1953 — REGISTRAR'S SIGNATURE Leslie L. Repp

24. FUNERAL DIRECTOR D. O. Hartley & Sons — ADDRESS Union Bridge, Md

VS. A

RECEIVED
OCT 22
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 2 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X

STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Annie	Elizabeth	Buckingham	October 22 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Aug 28 1872	81 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles W. Allen	Caroline Lindsay

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	—	None	Mrs Harry Yingling - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 2 to 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension (Ac)

DUE TO

(c) Myocarditis (Ac)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1940, to Oct 22, 1953, that I last saw the deceased alive on Oct 22, 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. C. Jemuth M.D.	Westminster Md.	10-23-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-25-53	Mt Pleasant	Gamber, Carroll, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 24, 1953	C. Harry Weer	Weer & Haight - Sykesville, Md.	

Luther H. Haight

RECEIVED
OCT 27 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

C9044

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville, Md.
LENGTH OF STAY (in this place) 3 yrs. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same
STREET ADDRESS (If rural give location) Unk

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) May (Last) Collier
4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-28-73
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School-teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Wisconsin 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Collier
14. MOTHER'S MAIDEN NAME: Alice Hurst

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Niece- Ruth Ford, 1633 Hobart St. N.W., Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
422.1 Immediate cause	(a)	Terminal pneumonia	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Chronic myocarditis	5 yrs.
	DUE TO (c)	Genl. arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 27, 1950, to Oct 13, 1953, that I last saw the deceased alive on Oct 12, 1953, and that death occurred at 630a, from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) Sykesville Md ADDRESS DATE SIGNED Oct 13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/16.
NAME OF CEMETERY OR CREMATORY F. T. Lincoln
LOCATION (City, town, or county) (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 10-14-53
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR S. H. Harris Co. ADDRESS 2901 17th St N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00045

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton X
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, 00014
STREET ADDRESS (If rural give location) 1807 Brunt Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) JAMES (Last) CORNISH
4. DATE OF DEATH: (Month) October (Day) 10, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 13, 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Presser
10b. KIND OF BUSINESS OR INDUSTRY: Tailor Shop
11. BIRTHPLACE (State or foreign country): Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Cornish
14. MOTHER'S MAIDEN NAME: Alice Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002X
Immediate cause (a) Respiratory failure.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Far adv. bilateral cavitary tuberculosis.
DUE TO
(c)

Interval Between Onset And Death: Oct., 1950

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 28, 19 53, to Oct. 10, 19 53, that I last saw the deceased alive on Oct. 10, 19 53, and that death occurred at 10:55 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) T. F. Pestal. M.D.
ADDRESS Henryton, Maryland
DATE SIGNED 10/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-13-53
NAME OF CEMETERY OR CREMATORY M A Cunningham
LOCATION (City, town, or county) Baltimore City (State)
DATE REC'D BY LOCAL REGISTRAR 10-10-53
REGISTRAR'S SIGNATURE Albert R. Swankhouse
24. FUNERAL DIRECTOR E. O. Wilson
ADDRESS 1000 Brantly ave.

Local Deputy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 10 1
BUREAU V. S.

Film #G159 Item No. 2 11/4/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md. X
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springf. State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Sykesville, Md.~~ Cumberland
STREET ADDRESS (If rural give location) 717 ~~Virginia~~ Ave
~~Springf. State Hospital~~ Springf. State Hospital

3. NAME OF DECEASED: (Type or Print) (First) DOROTHY (Middle) GENEVIEVE (Last) COYLE

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 5-22-1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Allegany County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN J. HANNON

14. MOTHER'S MAIDEN NAME: MARY ANN MARTIN

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) - no (If Yes, give war or dates of service) - no

16. SOCIAL SECURITY No.: Unk -

17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: a few hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO Psychosis with cerebral arteriosclerosis — over 7 yrs.

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis over 7 yrs.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE - (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -

(CITY OR TOWN) -

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Sept. 15 1950, to Oct. 26, 1953 that I last saw the deceased alive on 10-26, 1953, and that death occurred at 4.05 p.m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeld (Degree or title) M.D. ADDRESS Springfield State Hospital, Sykesville Md. DATE SIGNED 10/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-29-53 | NAME OF CEMETERY OR CREMATORY St. Peter & Paul | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1953 | REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Charles P. George ADDRESS Cumberland, Md.

VS. A1

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EAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 West Green Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster
STREET ADDRESS (If rural, give location) 73 West Green Street

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Belle (Last) Davis

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 12, 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Barber

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Mrs. Roger Brown, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardio vascular — 5 yrs

(c) Renal disease (arteriosclerosis)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1939, to Oct 21, 1953, that I last saw the deceased alive on Oct 18, 1953, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilbur Speicher — ADDRESS: Westminster Md — DATE SIGNED: 10/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 25, 1953 — NAME OF CEMETERY OR CREMATORY: Westminster Cemetery — LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG. 10/23/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: John R. Byers — ADDRESS: Westminster, Md.

RECEIVED
1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) over 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7, Md.
STREET ADDRESS (If rural give location) 4403 Kathland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Aline (Last) DIETERICH

4. DATE OF DEATH: (Month) 10 (Day) 8 (Year) 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 12-8 82

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Foecy, France

12. CITIZEN OF WHAT COUNTRY? France

13. FATHER'S NAME: Antoine MACAIRE

14. MOTHER'S MAIDEN NAME: Aline HUELIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): - (If Yes, give war or dates of service): -

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
170X Immediate cause	(a) Metastases at abdomen	more than 3/4 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma of right breast	more than 2 yrs.
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychosis, paran. type, systemic syphilis — over 15 yrs

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? XX Yes ☐ No

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -

(CITY OR TOWN) -

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. -

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 4-27- 1948, to 10-8- 1953, that I last saw the deceased alive on 10-8- 1953, and that death occurred at 12 o p.m., from the causes and on the date stated above.

SIGNATURE M. Virginia Beyer M.D. (Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/10/53

NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

LOCATION (City, town, or county) Woodlawn, Md.

(State)

DATE REC'D BY LOCAL REGISTRAR 10/9/53

REGISTRAR'S SIGNATURE A.W.Hedrich dmr.

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons

ADDRESS Balto. 17, Md.

VS. 41

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - UNIONTOWN
LENGTH OF STAY (in this place) 6 WKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS COOKSON NURSING HOME RFD #5, NEAR UNIONTOWN, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIZELLBURG, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MAE (Middle) (Last) FORMWALT

4. DATE OF DEATH: (Month) OCT (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Am. Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D, U

8. DATE OF BIRTH: 12 / 18 / 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Babylon

14. MOTHER'S MAIDEN NAME: Agnes Arthur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs H. K. Myers, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
163X Immediate cause	(a) CONGESTIVE FAILURE & PULMONARY EDEMA	5 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO MASSIVE PLEURAL EFFUSION ON LEFT	2 MOS
	(c) DUE TO CANCER OF LEFT LUNG	9 MOS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —0

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG., 1953, to OCT., 1953, that I last saw the deceased alive on OCT 18 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE William Lentz Stewart (DEGREE OR TITLE) M.D. ADDRESS 34 WESTMINSTER ST. WESTMINSTER MD. DATE SIGNED 10/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF Oct. 21, 1953 | NAME OF CEMETERY OR CREMATORY Baust Cemetery | LOCATION (City, town, or county) (State) Tyrone, Carroll, Md.

DATE REC'D BY LOCAL REG. Oct 24 53 | REGISTRAR'S SIGNATURE Margaret R. Englar

24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown, Md.

VS. A15 S-51

RECEIVED
NOV 5 1953
BUREAU V. S.

09550

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: Carrol Co.
COUNTY ~~Hunt Valley~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantvalley
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carrol
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantvalley
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) C (Last) Geiman

4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Dec 16 1881

9. AGE last birthday: 71 66 yrs. IF UNDER 1 YEAR Months 9 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H Bittle

14. MOTHER'S MAIDEN NAME: Mary Ann Hitterbridle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 7

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 2, 1

Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent cause(s) (b) Arteriosclerotic C. V. disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes - Years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to Oct 7, 1953, that I last saw the deceased alive on Oct 3, 1953, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE James T Marsh (DEGREE OR TITLE) M.D. ADDRESS Westminster Md DATE SIGNED 10/7/53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: DATE THEREOF Oct 9, 1953 NAME OF CEMETERY OR CREMATORY Pleasantvalley LOCATION (City, town, or county) (State) Near Pleasantvalley Md

DATE REC'D BY LOCAL REG. 10/8/53 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR C. O. Fuss & Son Taneytown Md ADDRESS

marsh

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
OCT 1.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09951

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: Carroll
COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville X
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock, Maryland
STREET ADDRESS (If rural give location): Box 365

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) Etta (Last) Gienger
4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-15-1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Hebner
14. MOTHER'S MAIDEN NAME: Laura Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

430.1

Immediate cause (a) Coronary Occlusion
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 20 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated with circulatory disturbance cerebral arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1953, to 10-10, 1953, that I last saw the deceased alive on 10-10, 1953, and that death occurred at 8.25 Am, from the causes and on the date stated above.
SIGNATURE (Degree or title) on 10.11.53 Dr C. D. Borowski
ADDRESS Sykesville Md.
DATE SIGNED 10-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-14-53
NAME OF CEMETERY OR CREMATORY: Christian Cemery
LOCATION (City, town, or county) (State): Buck Valley Fulton Penna
DATE REC'D BY LOCAL REGISTRAR: Oct. 12, 1953
REGISTRAR'S SIGNATURE: C. Harry Weir
24. FUNERAL DIRECTOR: Howard J. Grove
ADDRESS: Hancock Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09052 4

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 502 Burgandy Lane

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Grady

4. DATE OF DEATH: (Month) October (Day) 29, (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: unknown
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) TERMINAL PNEUMONIA — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) due to Uremia — 2 weeks

DUE TO

(c) arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Condition contributing to the death but not related to the disease or condition causing death. C.B.S. with senile psychosis — months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6-53, 19.... , to 10-29- , 1953, that I last saw the deceased alive on 10-29- , 1953, and that death occurred at 3.10 p.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene R. Hoffmann, M.D. ADDRESS Springfield State Hosp DATE SIGNED 10-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 30, 1953 REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
NOV 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09953 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville

LENGTH OF STAY (in this place) 26Y 10M 12D

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) Sy 7 [illegible]

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROLAND		GRADY	10	29	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4/5/79	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
cotton mill worker	cotton mill	Montgomery County, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James P. Grady	Mary J. Leishear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	unknown	Record, Springfield State Hospital, Sykesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
907.7 Immediate cause	(a) DUE TO	Bronchopneumonia	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Fracture of humerus	1 month
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Paranoid condition; pulmonary tuberculosis — years

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Sept. 26, 1953	Fractured humerus	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Springfield State Hospital			

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
9	26	53	M.			Patient fell to floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James P. Marrack M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-1-53	Grange	Grange, Howard Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 30, 1953	C. Harry Weer	Dewitt Donaldson	Ilchester, Md.

VS. A15A - 5 - 53

BURLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09954

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manchester X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Westminster St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manchester X
STREET ADDRESS (If rural give location) 11 Westminster St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Emory (Last) Haines

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7-10-79
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ret farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): York Co Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Emanuel Haines
14. MOTHER'S MAIDEN NAME: Alice Janes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Lizzie Haines 11 Westminster St Manchester md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Insufficiency	5 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteria-Sclerosis-C-V. Disease	10 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Oct. 1, 1953, that I last saw the deceased alive on Sept 29, 1953, and that death occurred at 10 a, from the causes and on the date stated above.
SIGNATURE McPherson (Degree or title) M.D. ADDRESS Hampstead Md DATE SIGNED 10-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-3-53
NAME OF CEMETERY OR CREMATORY Linefora Cem
LOCATION (City, town, or county) (State) Linefora Carroll md

DATE REC'D BY LOCAL REGISTRAR Oct 2-53
REGISTRAR'S SIGNATURE Mrs. W.P.S. Denner
24. FUNERAL DIRECTOR R B Wing Manchester md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1933
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

09955

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) | LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RUSSELL (Middle) GEORGE (Last) HALE

4. DATE OF DEATH (Month) October (Day) 17 (Year) 1953

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Nov 10-1904 | 9. AGE last birthday 48 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Jacob Hale | 14. MOTHER'S MAIDEN NAME Laura Albaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY No. 217-07-8[illegible]7 | 17. INFORMANT AND ADDRESS Mrs Russell G Hale - Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — Minute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sclera derma — Year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner | ADDRESS Westminster Md | DATE SIGNED October 17/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct 20/53 | NAME OF CEMETERY OR CREMATORY Manchester | LOCATION (City, town, or county) Carroll Co Md (State)

DATE REC'D BY LOCAL REG. Oct 18-1953 | REGISTRAR'S SIGNATURE Henry J Rees | 24. FUNERAL DIRECTOR Edw Clifton, Hampstead | ADDRESS

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 29
BUREAU

ITEMS 8+9: See Film B159 - 10-29-53 - JT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09956

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X since LENGTH OF STAY (in this place) 8-15-53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY —
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore 4
STREET ADDRESS (If rural give location) 753 W. Fayette St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) M. (Last) Hance
4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1953

5. SEX: m
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 5-16-~~89~~ 82
9. AGE last birthday: ~~64~~ 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): on railrd. & streetcars
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Hance
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 216-185375A
17. INFORMANT & ADDRESS: Records of Sprimgfield State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) Pulmonary embolus — 3-4 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterisclerotic heart disease — more than 5 mo

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 5 mo.

19a. DATE OF OPERATION: — 21
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Spt 24, 1953, to Oct. 20, 1953, that I last saw the deceased alive on Oct. 20, 1953, and that death occurred at 12:05 pm, from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) Martin Gross, M.D. ADDRESS Sykesville, Md. DATE SIGNED Oct. 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 24, 1953
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REGISTRAR 11-22-53
REGISTRAR'S SIGNATURE W W Hedrick JT
24. FUNERAL DIRECTOR John T. Stansbury - 2700 Edmondson Ave ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09357

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER RT 1 — LENGTH OF STAY (in this place) 33 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS COLONIAL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER RT 91
STREET ADDRESS (If rural, give location) COLONIAL AVE

3. NAME OF DECEASED: (Type or Print) (First) VERBIE (Middle) BENTON (Last) HARTMAN

4. DATE OF DEATH: (Month) OCTOBER (Day) 28 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WH. AM.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 5, 1887

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: AUTO REPAIR

11. BIRTHPLACE (State or foreign country): CLARION COUNTY PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: AARON HARTMAN

14. MOTHER'S MAIDEN NAME: CLARE SNYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WORLD WAR I

16. SOCIAL SECURITY NO.: 219-20-1475

17. INFORMANT & ADDRESS: WIFE: MRS. MAE HARTMAN COLONIAL AVE, WESTMINSTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) CORONARY OCCLUSION & MYOCARDIAL INFARCTION	2-3 MIN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) CORONARY ARTERIOSCLEROSIS	3 MOS
	(c)	

DUE TO (a) — DUE TO (b)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 1, 1953, to OCT. 28, 1953, that I last saw the deceased alive on OCT 27, 1953, and that death occurred at 12 NOON m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William Irvin Stuart, M.D. — ADDRESS 39 WESTMORELAND ST WESTMINSTER MD — DATE SIGNED 10/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF Oct. 31-1953 — NAME OF CEMETERY OR CREMATORY Westminster Cemetery — LOCATION (City, town, or county) (State) Westminster Md

DATE REC'D BY LOCAL REG. 10 30 53 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR H. Bankard Dor, Westminster — ADDRESS Md.

VS. A15 8-51

REG
NOV
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09958

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ?
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Unk 01 x-1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Helfrich
4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: August 1, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tom Allen
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: Unk
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Bilateral Bronchopneumonia — Interval Between Onset And Death: Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive Cardiovascular disease — 18 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 34 yrs.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1950, to 10-22, 1953, that I last saw the deceased alive on 10-22, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 10/22/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-24-53
NAME OF CEMETERY OR CREMATORY Springfield Hosp.
LOCATION (City, town, or county) (State) Sykesville, Md.
DATE REC'D BY LOCAL REGISTRAR Oct. 23, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

BUREAU
OCT 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09959

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
MARYLAND
LENGTH OF STAY (in this place): 3 1/2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY: Montgomery
STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs
STREET ADDRESS (If rural give location): 8905 Sudbury Rd.

3. NAME OF DECEASED: (First) John (Middle) Frederick (Last) Herschel

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 26, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Printer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Herschel

14. MOTHER'S MAIDEN NAME: Mary Uster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unk-

17. INFORMANT & ADDRESS: State Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Coronary	10 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	3 yr.
	DUE TO (c) Old age	

4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decreased brain circulation with psychosis — 3 yr.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26 ,1953 , to 10-9 , 1953 , that I last saw the deceased alive on 10-9 , 1953 , and that death occurred at 6:40 A.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Martin Lerner, M.D.	Springfield State Hospital	10-9-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-12-53	Oak Hill	Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 11, 1953	C. Harry Weer	Weer & Haight - Hyphenate Inc. (Father W. Haight)	

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03360

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg | LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg
STREET ADDRESS (If rural, give location) R. 1

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Belle (Last) Holbrook

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED or DIVORCED (Specify): Married | 8. DATE OF BIRTH: Mar. 12, 1885 | 9. AGE last birthday: 68 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Carroll County, Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton Mann | 14. MOTHER'S MAIDEN NAME: Josephine Whalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) ----- | 16. SOCIAL SECURITY NO. ---------- | 17. INFORMANT AND ADDRESS: J. Guy Holbrook Finksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Hypertensive Cardio Vascular Disease — about 6 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. operation for acute gall bladder — July 1953

19a. DATE OF OPERATION / | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) — | (COUNTY) — | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about October, 1947, to Oct. 12, 1953, that I last saw the deceased alive on Oct. 12, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Billingslea M.D. Westminster, Md. 10-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 15, 1953 | NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery | LOCATION (City, town, or county) (State): Sandyville Md.

DATE REC'D BY LOCAL REG. 10/13/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: John R. Byers | ADDRESS: Westminster, Md.

VS.

RECEIVED
BUREAU V. S.

09361

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS County home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) DANIEL EDWARD HYLE

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 5 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Dec. 23. 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER RET.

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Hyle

14. MOTHER'S MAIDEN NAME: Helen Dayhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0

Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerosis — many yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. X

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION: X

20. AUTOPSY? ~~Yes~~ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) X

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from Nov., 1948, to Oct. 5, 1953, that I last saw the deceased alive on Oct. 4, 1953, and that death occurred at 2130 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
W. C. Stone MD Westminster Md 10-6-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct 8. 1953

NAME OF CEMETERY OR CREMATORY: Kriders Cemetery

LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG. 10/6/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: H Bankard Bros Westminster, Md.

VS. A15 8-51

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09962

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 3-4-1910
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (Or rural give location) Unk

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) ---- (Last) Kalber (Kaelber)
4. DATE OF DEATH (Month) October (Day) 24 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unk
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Christian — Kalber
14. MOTHER'S MAIDEN NAME: Tracy — Rodd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) unk.
16. SOCIAL SECURITY No.: unk.
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442 Immediate cause	(a) Bronchopneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Uremia	10 days
	DUE TO (c) Hypertensive heart disease with arteriolar nephrosclerosis	15 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Schizophrenic reaction, catatonic type	43 years

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --
(CITY OR TOWN) (COUNTY) (STATE) ----
TIME OF INJURY (Month) --- (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 10-27- ,1949 , to 10-24- , 1953 , that I last saw the deceased alive on Oct. 24 , 1953 , and that death occurred at 10 a.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title) Eleanor Nadwell, M. D. ADDRESS Sykesville, Md DATE SIGNED October 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 10/27/53
NAME OF CEMETERY OR CREMATORY Trinity Evangelical
LOCATION (City, town, or county) BALTO. (State) MD.
DATE REC'D BY LOCAL REGISTRAR Oct. 25, 1953
REGISTRAR'S SIGNATURE C. Harry Weiss
24. FUNERAL DIRECTOR JOHN F. DENNY, INC.
ADDRESS 715 LIGHT ST, BALTO, 30, MD.

RECEIVED
OCT 28 1
BUREAU V. S.

09963

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. 4 - Westminster Md.
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tannery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) Route 4 — Tannery

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WALTER (Last) LONG
4. DATE OF DEATH (Month) (Day) (Year) October 17 1953

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 24-1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Give farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob M. Long
14. MOTHER'S MAIDEN NAME: Henrietta Milton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-12-2532
17. INFORMANT & ADDRESS: C. W. Long Jr. Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 830X

Immediate cause (a) Compound fracture skull and right leg — INTERVAL BETWEEN ONSET AND DEATH Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm
21c. (City or town) Mr. Westminster (County) Carroll (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) October 17 - 5334 P M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Tractor backed over him.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Oct 19-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct 20-53
NAME OF CEMETERY OR CREMATORY Lisbery
LOCATION (City, town, or county) Carroll County (State) Md

DATE REC'D BY LOCAL REG. 10/19/53
REGISTRAR'S SIGNATURE L. Meadows
24. FUNERAL DIRECTOR H. H. Bowcardson, ADDRESS Westminster Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09964

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 12/28/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 614 Ellsworth Drive

3. NAME OF DECEASED: (First) Samual (Middle) Asbury (Last) Maddrix

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Sept. 18, 1859

9. AGE last birthday: 94 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): merchant

10b. KIND OF BUSINESS OR INDUSTRY: --- Unk -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Maddrix

14. MOTHER'S MAIDEN NAME: Louisa - Unk -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: unk.

17. INFORMANT & ADDRESS: Records from Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of bile ducts and liver — Interval Between Onset And Death: more than 2 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated with denile brain disease with psychot. react. — 2 yrs

19a. DATE OF OPERATION: ---- 19b. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no — PLACE (Home, farm, factory, street, office bldg., etc.) ---- (CITY OR TOWN) --- (COUNTY) - (STATE) -

TIME OF INJURY (Month) ---- (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 12/28/52, 19..., to 10/3/..., 1953, that I last saw the deceased alive on Oct. 3, 1953, and that death occurred at 3:35 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Florian Hackerk M.D. — ADDRESS Sykesville Md. — DATE SIGNED October 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 6, 1953 — NAME OF CEMETERY OR CREMATORY Edmondridge — LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 5, 1953 — REGISTRAR'S SIGNATURE C. Harry Weir — 24. FUNERAL DIRECTOR Beadshaw Funeral Home — ADDRESS Crisfield, Md.

RECEIVED
OCT 9 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09965

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linwood X
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linwood X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) PRICE (Last) MARSHALL

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1953

5. SEX: male **6. COLOR OR RACE:** white **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): widower **8. DATE OF BIRTH:** 1/9/1882 **9. AGE last birthday:** 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: blacksmith **10b. KIND OF BUSINESS OR INDUSTRY:** machinist **11. BIRTHPLACE** (State or foreign country): Virginia **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: Eli H. Marshall **14. MOTHER'S MAIDEN NAME:** Hannah Weddle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no **16. SOCIAL SECURITY No.:** 327-01-1156 **17. INFORMANT & ADDRESS:** W.H. Greenberry, Linwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic C-V disease

DUE TO

(c)

Interval Between Onset And Death: minutes, years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 1950, to Oct 30, 1953, that I last saw the deceased alive on Oct 29, 1953, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE James T Marsh (Degree or title) M. D. ADDRESS Westminster Md DATE SIGNED Oct 30/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial **DATE THEREOF** 10/31/53 **NAME OF CEMETERY OR CREMATORY** Pipe Creek Cem. **LOCATION** (City, town, or county) Carroll County (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct. 30, 1953 **REGISTRAR'S SIGNATURE** Leslie L. Repp **24. FUNERAL DIRECTOR** D. D. Hartner & Sons **ADDRESS** Union Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Carroll~~
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Sykesville~~ BALTIMORE CITY
STREET ADDRESS 13 East (If rural, give location) West St.
~~Springfield State Hospital~~

3. NAME OF DECEASED: (Type or Print) (First) RUSSELL (Middle) LEE (Last) Martin

4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Aug 6, 1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roger L. Martin

14. MOTHER'S MAIDEN NAME: Elsie Lesher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

353.3

Immediate cause (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Epilepsy — 38 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital

21c. (City or town) Sykesville (County) Carroll (State) Md

21d. TIME OF INJURY (Month) 10 (Day) 20 (Year) 53 (Hour) 5 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Suffocated in pillow during convulsion

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct 22-53

NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

LOCATION (City, town, or county) (State) Laurel P.O. Md

DATE REC'D BY LOCAL REG. 10-21-53

REGISTRAR'S SIGNATURE A.F. Hedrich dmr.

24. FUNERAL DIRECTOR Bernard A. Fink ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

09367

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
STREET ADDRESS (If rural, give location) R. F. D. # 4

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Levinia (Last) Massey

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 2, 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Equilla Magee

14. MOTHER'S MAIDEN NAME: Anna M. Lockard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Mrs. Leslie Robertson Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular disease — Interval between onset and death: about 3 years

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — Interval between onset and death: several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to 10-27, 1953 that I last saw the deceased alive on 10-27, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H Billingslea M.D. Westminster, Md. 10-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 29, 1953 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 10/27/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: John R. Byers Westminster, Md.

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08368

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead X — LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 W Main St X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Md X
STREET ADDRESS (If rural, give location) 10 W Main St

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Grant (Last) Meagher

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: April 17, 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E Blair

14. MOTHER'S MAIDEN NAME: Frances Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry P. Payne Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Chronic Myocarditis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerotic Cardio Vascular disease — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 7

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 19 53, to Oct 7, 19 53, that I last saw the deceased alive on Sept 30, 19 53 and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Joseph E Bush M D Hampstead Md — 10-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Oct 9/53 — NAME OF CEMETERY OR CREMATORY Lorraine Park — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Oct 7-1953 — REGISTRAR'S SIGNATURE Henry J Reed

24. FUNERAL DIRECTOR Edw C Tipton — ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glover's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 119 E. Green Street

3. NAME OF DECEASED (Type or Print): (First) Eleanora (Middle) Mahaliah (Last) Merryman
4. DATE OF DEATH (Month) Oct. (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Sept. 5, 1868	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Carroll County, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Merryman
14. MOTHER'S MAIDEN NAME: Irene Purkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Minerva Burner Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic myocarditis — Interval Between Onset and Death: Several yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis General & marked Cerebral changes — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1948 to Oct 10, 1953, that I last saw the deceased alive on Oct 9, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE: Helen Speicher (Degree or title) ADDRESS: Westminster Md DATE SIGNED: 10/12/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 13, 1953	Westminster Cemetery	Westminster Md.

DATE RECD BY LOCAL REG. 10/13/53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 7-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Westminster 41
LENGTH OF STAY (in this place) 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 Penna. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 124 Penna. Ave.

3. NAME OF DECEASED: (Type or Print) (First) BRADLEY (Middle) CLAUDE (Last) MILLER

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 28-1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Engineer & Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Employee

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Miller

14. MOTHER'S MAIDEN NAME: Violet Cobler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) 212-24-7237

17. INFORMANT & ADDRESS: Lillian Taylor Miller 124 Penna. Ave. Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
434.3.
Immediate cause (a) Cardiac decompensation
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to Oct 6, 1953, that I last saw the deceased alive on Oct 5, 1953, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE Julian Chepko (DEGREE OR TITLE) M D ADDRESS Westminster Md DATE SIGNED Oct 8, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-9-53 — NAME OF CEMETERY OR CREMATORY Bridge Cemetery — LOCATION (City, town, or county) (State) Westminster, Md.

DATE REC'D BY LOCAL REG. 10-7-53 — REGISTRAR'S SIGNATURE [signature] — **24. FUNERAL DIRECTOR** H B Bankard & Son — ADDRESS Westminster Md.

VS. A15 8-51

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09971

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Finksburg
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hale Nursing home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Finksburg
STREET ADDRESS (If rural give location) East view

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CHARLES E. MYERS
4. DATE OF DEATH: (Month) (Day) (Year) Oct. 7 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: April 14, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: farm work
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lewis Myers
14. MOTHER'S MAIDEN NAME: Louisa Bair
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: 1907 Englewood Ave. Mrs. W. H. Beard Baltimore 7, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
Immediate cause (a) Myocarditis compensating — Interval Between Onset And Death 3 yrs
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — years
DUE TO (c) Arteriosclerosis - general — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-1-1940, to 10-7-1953, that I last saw the deceased alive on 10-7-53, 19 , and that death occurred at 7 45 PM from the causes and on the date stated above.
SIGNATURE James G. Laffell (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 10-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 10 53
NAME OF CEMETERY OR CREMATORY Stone Chapel Cem
LOCATION (City, town, or county) (State) Rural Westminster Md
DATE REC'D BY LOCAL REGISTRAR 10/9/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09972

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Rural - Sykesville

LENGTH OF STAY (in this place): 50Y 6 M 23 D

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Florence	Wells	NICHOLSON	10	14	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Single	unknown - about	-- 81 ? yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none		unknown	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael Nicholson	unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		no	Record, Springfield State Hospital, Sykesville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval Between Onset And Death: 13 years.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) .....

DUE TO (c) Cerebral arteriosclerosis & chronic gastric ulcer ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 50+ years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 . , to 10/14 , 19 53 that I last saw the deceased alive on 10/14 , 19 53 and that death occurred at 2:30 PM , from the causes and on the date stated above.

SIGNATURE (Degree or title): Gertrude M. Gross M. D. — ADDRESS: Sykesville, Md. — DATE SIGNED: 10/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/16/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-16-53	a w Hendricks	Wm. J. Pickner & Sons	Balto. 17, Md.

VS/A(1)

09973

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 2 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. 6 Smallwood	STREET ADDRESS (If rural, give location) R. 6 Smallwood

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Niner

4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb 18, 1863	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm	Carroll County, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Niner .	Frederica Kisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	------	----------	Ernie Niner R. 6 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1/2 h

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 10/31/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 3, 1953	Deer Park Cemetery	Smallwood	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/1/53	[signature]	John R. Byers	Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09974

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegheny
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 17 Humbert St.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) (Last) Percy
4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Jan 1st 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen Hyatt
14. MOTHER'S MAIDEN NAME: Mary Worsing

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Wallace Conway.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Terminal Pneumonia — 5 da.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 3 wks

DUE TO (c) Genl. Arterio Sclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1947, to Oct 19, 1953, that I last saw the deceased alive on Oct 19, 1953, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Allastin MD — ADDRESS Sykesville Md — DATE SIGNED Oct 19-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-22-53
NAME OF CEMETERY OR CREMATORY: Cumberland
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct 20, 1953
REGISTRAR'S SIGNATURE: C. Harry Weer
24. FUNERAL DIRECTOR: James W. Scarfelli
ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct, age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03375

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 179 Willis Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 179 Willis Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Francis (Last) Reese

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 26, 1893

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director

10b. KIND OF BUSINESS OR INDUSTRY: Funeral

11. BIRTHPLACE (State or foreign country): Westminster, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Jacob Reese

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Sharrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-28-7371

17. INFORMANT AND ADDRESS: Mrs. Rose M. Reese Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis — Interval between onset and death: 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Hypocardiosis — 2 years

(c) Chronic Bronchial Asthma — 6 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953 to Oct. 7, 1953, that I last saw the deceased alive on Oct. 7, 1953, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bradley Barr M.D. Westminster Maryland 10/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 10, 1953

NAME OF CEMETERY OR CREMATORY: Westminster Cemetery

LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG. 10/8/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

RECEIVED
OCT 1.. 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 09376

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (In this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shiloh Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural, give location) Shiloh Ave

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) MATRONA (Last) Richards

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 18-1913

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Zepp

14. MOTHER'S MAIDEN NAME: Florence Baublitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: David W. Richards Hampstead, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203x Immediate cause (a) Multiple Myeloma — Interval Between Onset and Death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1953, to Oct 21, 1953, that I last saw the deceased alive on Oct 21, 1953, and that death occurred at 9:25 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W H Foard M. D. Manchester, Md Oct 21-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 24/53

NAME OF CEMETERY OR CREMATORY: Hampstead

LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG.: Oct 23-1953

REGISTRAR'S SIGNATURE: Mary Reed

24. FUNERAL DIRECTOR ADDRESS: Edw C Tipton, Hampstead Md

RECEIVED
OCT 29 P. M.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09977

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: Carrol county
COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) B altimore
STREET ADDRESS (If rural give location) 140 North Front

3. NAME OF DECEASED: (Type or Print) Ella (Last) Ross (Middle) (Last)

4. DATE OF DEATH: (Month) Octob (Day) 24 (Year) 1953

5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: March 5 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: Isaac Small
14. MOTHER'S MAIDEN NAME: Sarah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Congest. Bilat. Pneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-vascular Dis.
DUE TO (c) Systemic Syphilis

Interval Between Onset And Death: 5 days; 14 years; 6 y 8 longer

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1953, to Oct. 24, 1953, that I last saw the deceased alive on Y. 23, 1953, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrud Sonnenfeldt M.D.
ADDRESS Springfield State Hospital Sykesville Md
DATE SIGNED 10/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-26-53
NAME OF CEMETERY OR CREMATORY Oheb Sholom
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR Oct. 25, 1953
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25
TAU V. S.

09978

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 7

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN rural Westminster
LENGTH OF STAY (In this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 581 Baltimore Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN rural Westminster
STREET ADDRESS (If rural, give location) 581 Baltimore Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Bertie (Middle) Carrie (Last) Shipley

4. DATE OF DEATH (Month) October (Day) 30 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Mar. 22, 1885

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Alexander

14. MOTHER'S MAIDEN NAME: Ida Yeiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT & ADDRESS: Lesber J. Shipley Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion - DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic C-V disease DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Minute (b) Years (c)

420.1

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Moore M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Oct 30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 3, 1953

NAME OF CEMETERY OR CREMATORY Bethel Cemetery

LOCATION (City, town, or county) (State) Carrollton Maryland

DATE REC'D BY LOCAL REG. 10/31/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John R. Byers

ADDRESS Westminster, Md.

VS. A15A - 5 - 53

REG
BUREAU V. S.

09979

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown X
LENGTH OF STAY (in this place) 2yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mrs. Jennie (Middle) C. (Last) Slick
4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6/16/1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph W. Mummert
14. MOTHER'S MAIDEN NAME: Sarah E. Sentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Arthur Slick Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411X

		Interval Between Onset And Death
Immediate cause	(a) DUE TO myocardial failure	3 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO generalized arteriosclerosis	4 years
	(c) aortic stenosis	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral thrombophlebitis of long saphenous — 24 hrs

19a. DATE OF OPERATION: U
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June 1953 to 12 October 1953, that I last saw the deceased alive on 12 October 1953, and that death occurred at 8:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Walton E. Stevens M.D. ADDRESS Taneytown Md. DATE SIGNED 14 October 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Oct. 15, 1953
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) Taneytown (State) Md
DATE REC'D BY LOCAL REGISTRAR Oct 13, 1953
REGISTRAR'S SIGNATURE Ethel M Mehring local
24. FUNERAL DIRECTOR C.O. FUSS & SON ADDRESS Taneytown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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OCT [illegible] 19[illegible]
BUREAU V. S.

09980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 341 North Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural, give location) 341 North Main St.

3. NAME OF DECEASED (Type or Print) (First) Katie (Middle) May Bell (Last) Stansbury
4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1953
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 24-1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob. Armacost
14. MOTHER'S MAIDEN NAME Eleanor Bosley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs Mary Brudette, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
603 X Immediate cause	(a) Cerebral Hemorrhage	4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	1 wk
	(c) Renal Insufficiency	2 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [redacted] attended by Dr MC Porterfield, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10:55 A m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M. D. ADDRESS Manchester Md DATE SIGNED October 12-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 14/53
NAME OF CEMETERY OR CREMATORY Grace
LOCATION (City, town, or county) (State) Bulto Co Md

DATE REC'D BY LOCAL REG. Oct 12-1953
REGISTRAR'S SIGNATURE Henry J. Rees
24. FUNERAL DIRECTOR Edw C Tipton, Hampstead Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09981

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Pine Knob
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sykesville P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Garnet (Middle) August (Last) Stout

4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 2-4-83 — 9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machinist — 10b. KIND OF BUSINESS OR INDUSTRY: Crown, Cork & Seal Co. — 11. BIRTHPLACE (State or foreign country): Va. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Stout — 14. MOTHER'S MAIDEN NAME: Elizabeth Yeignat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 212-09-7858
17. INFORMANT & ADDRESS: Mrs Gertrude Stout - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

421.4
Immediate cause (a) Chronic Valvular Heart Disease — DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-vascular Disease — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1920., to 10/6/., 1953, that I last saw the deceased alive on 10/5/., 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jno E. Martin, M.D. Randallstown Md 10/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial — 10-8-53 — Glen Haven Memorial Park — Ritchie Highway, Anne Arundel Co., Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Oct. 7, 1953 — C. Harry Uhler — Uhler & Haight — Sykesville, Md.
Luther H. Haight

VS. A15

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BUREAU V.

09982

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ETHELYN (Middle) ETHELINE (Last) BELLE SUDDATH

4. DATE OF DEATH (Month) October (Day) 1 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 20 1893
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Creamer
14. MOTHER'S MAIDEN NAME Unk -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-18-9242
17. INFORMANT AND ADDRESS Edward Suddath - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Arteriosclerotic cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage, fresh

(c) Multiple old cerebral hemorrhages

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William V. Lovett MD (Degree or title) ADDRESS Assistant Medical Examiner, Baltimore, Md. DATE SIGNED 10/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-5-53
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG. Oct 3 1953
REGISTRAR'S SIGNATURE R. W.
24. FUNERAL DIRECTOR Wm. Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 815A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09383

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville X
LENGTH OF STAY (in this place) 11½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville, Maryland X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CARL (Middle) FRED (Last) WEEKS
4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2/18/91
9. AGE last birthday: 62 yrs. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): hospital attendant
10b. KIND OF BUSINESS OR INDUSTRY: hospital
11. BIRTHPLACE (State or foreign country): Fairfield Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George A. Weeks
14. MOTHER'S MAIDEN NAME: Nancy M. McCguffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 296-10-3176
17. INFORMANT & ADDRESS: Personnel records, Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1953, to 10/27, 1953, that I last saw the deceased alive on 10/27, 1953, and that death occurred at 12:45 PM, from the causes and on the date stated above.
SIGNATURE Irene R. Hitchman (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 10/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-31-53
NAME OF CEMETERY OR CREMATORY Fairfield
LOCATION (City, town, or county) (State) Fairfield Va.
DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight ADDRESS Sykesville, Md.
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BERNARD (Middle) H. (Last) WEST
4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 7-1-19
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lee West
14. MOTHER'S MAIDEN NAME Fannie Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of neck

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods (CITY OR TOWN) Sykesville (COUNTY) Carroll (STATE) Md.
TIME OF INJURY (Month) Oct. (Day) 29, (Year) 1953 (Hour) 11.55 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self in neck

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐*

SIGNATURE Joseph A. Jackson Jr. M.D. (Degree or title) ADDRESS [illegible] DATE SIGNED
Assistant Medical Examiner-700 Fleet St.-Balto. 2, Md. 10/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-31-53
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) Mt. Sykesville (State) Md.
DATE REC'D BY LOCAL REG. Oct. 30, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AMA

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09985

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY CARROLL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 4 months 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY DORCHESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FEDERALSBURG, RFD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) JANE (Last) WHITE

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-31-93

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN DUNN

14. MOTHER'S MAIDEN NAME: MARTHA ELLEN TULL

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No: Unk —

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 002.X BILATERAL PULMONARY TUBERCULOSIS — Interval Between Onset And Death: 7 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INVOLUTIONAL PSYCHOTIC REACTION 4 months +

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10-, 1953, to 10-19, 1953, that I last saw the deceased alive on 10-19-, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther H. Sonnenfeld M.D.

ADDRESS Springfield State Hospital, Sykesville, Maryland

DATE SIGNED 10-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-22-53

NAME OF CEMETERY OR CREMATORY Cokesbury

LOCATION (City, town, or county) (State) Dorchester Co., Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 20, 1953

REGISTRAR'S SIGNATURE C. Harry Weed

24. FUNERAL DIRECTOR J. J. Frampton & Son

ADDRESS Cokesbury, Md.

VS. AJF 1

RECEIVED
OCT
BUREAU V. S.

09986

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church & Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location) Church and Main St.

3. NAME OF DECEASED (Type or Print): (First) F. (Middle) Alverta (Last) Yingling
4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 1953

5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10-12-62
9. AGE last birthday: 90 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Burns
14. MOTHER'S MAIDEN NAME: Mary Brummel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS C R Yingling Mt Airy Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332x Immediate cause (a) Cerebral Embolism — min ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Phlebitis — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1944, to Oct 5, 1953 that I did not see the deceased alive on Oct 5, 1953, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Stanley Grabill - M.D. Mt Airy, Md. Oct 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/7/53
NAME OF CEMETERY OR CREMATORY: Manchester Cemetery
LOCATION (City, town, or county) (State): Manchester, Carroll Co. Md

DATE REC'D BY LOCAL REG. 10/13
REGISTRAR'S SIGNATURE Wm D Snyder
24. FUNERAL DIRECTOR ADDRESS
R B Wantz Manchester Md

RECEIVED
OCT 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09987 Reg. Dist. 76

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Westminster #1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural - Westminster X
STREET ADDRESS (If rural, give location) Route #7

3. NAME OF DECEASED: (Type or Print) (First) JONAS (Middle) S (Last) ZEPP.
4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1/27/1892	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Zepp
14. MOTHER'S MAIDEN NAME: Mary Hantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-24-1894
17. INFORMANT & ADDRESS: ~~Hardy~~ ~~Hantz~~ Mrs Lalue Zepp Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) DUE TO Coronary Occlusion — Interval Between Onset and Death: Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, ~~Inquiry~~, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE James T Marsh M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/20/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/23/53	Pleasant Valley Cemetery	Pleasant Valley, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/27/53	H Clay Myers	C. O. Fuss & Son	Taneytown Maryland.

VS. A15A - 5 - 53

RECEIVED
1953
BUREAU V.